

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

Masafumi KITAKAZE

Serial No.: 09/752,724

Filed: January 3, 2001



Group Art Unit: 1653

Examiner: Rita Mitra, Ph.D.

For: TREATMENT OR PROPHYLAXIS OF ISCHEMIC HEART DISEASE

**TRANSMITTAL LETTER**

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> <b>Response to Final Office Action mailed January 16, 2004</b>	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: _____ Sheets _____ Figures	\$
<input type="checkbox"/> Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references	\$
<input checked="" type="checkbox"/> <b>Amendment: <input type="checkbox"/> Preliminary; <input checked="" type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other</b>	\$
<input checked="" type="checkbox"/> <b>Petition for Two-Month Extension of Time</b>	\$420.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Other:	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	<b>\$420.00</b>

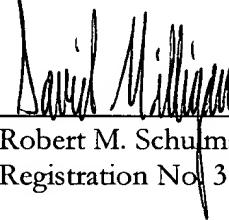
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims		20	0	x \$18.00	\$
Independent Claims		3	0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>				\$	
SMALL ENTITY TOTAL (if applicable)				\$ .00	

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Date: June 15, 2004

By:



\_\_\_\_\_  
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RMS/DHM/cbt